

Mary Bacon

Somerset

Town

County

Died at

Princess Ave

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1908

2

25

Age 12

—

—

Md

Occupation

Child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John Bacon

Mother's

Maiden Name

Mary Corbin

Cause of

Primary

Tuberculosis

How long sick

10 years

Death

Immediate

Debility

27

Accident, Suicide, Homicide

Reported by

Chas. W. Danversight

Address

Princess Ave Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Eddie C. Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	Grove	County	Somerset Co	MARYLAND
Date of death	Month	Day	Years	Months	Days
1908	Feb	25	51		
Sex	Female	Color or Race	Colored	Birth- place	Bucksburg Miss
Occupation	Teacher	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Littleton W. B. Ballard		
Father's Name	Frank	Briggs	Father's Birthplace	Unknown	
Mother's Maiden Name	Johnson	Unknown	Mother's Birthplace	Unknown	
Name of person giving Information	Littleton W. B. Ballard				
How related to deceased					
Husband					

CAUSES OF DEATH

27

How long

3 yrs.

How long

Final

Primary Pulmonary Tuberculosis

Immediate A. T. Smith

Are the name, age, sex, color, date  
and place correctly given above?

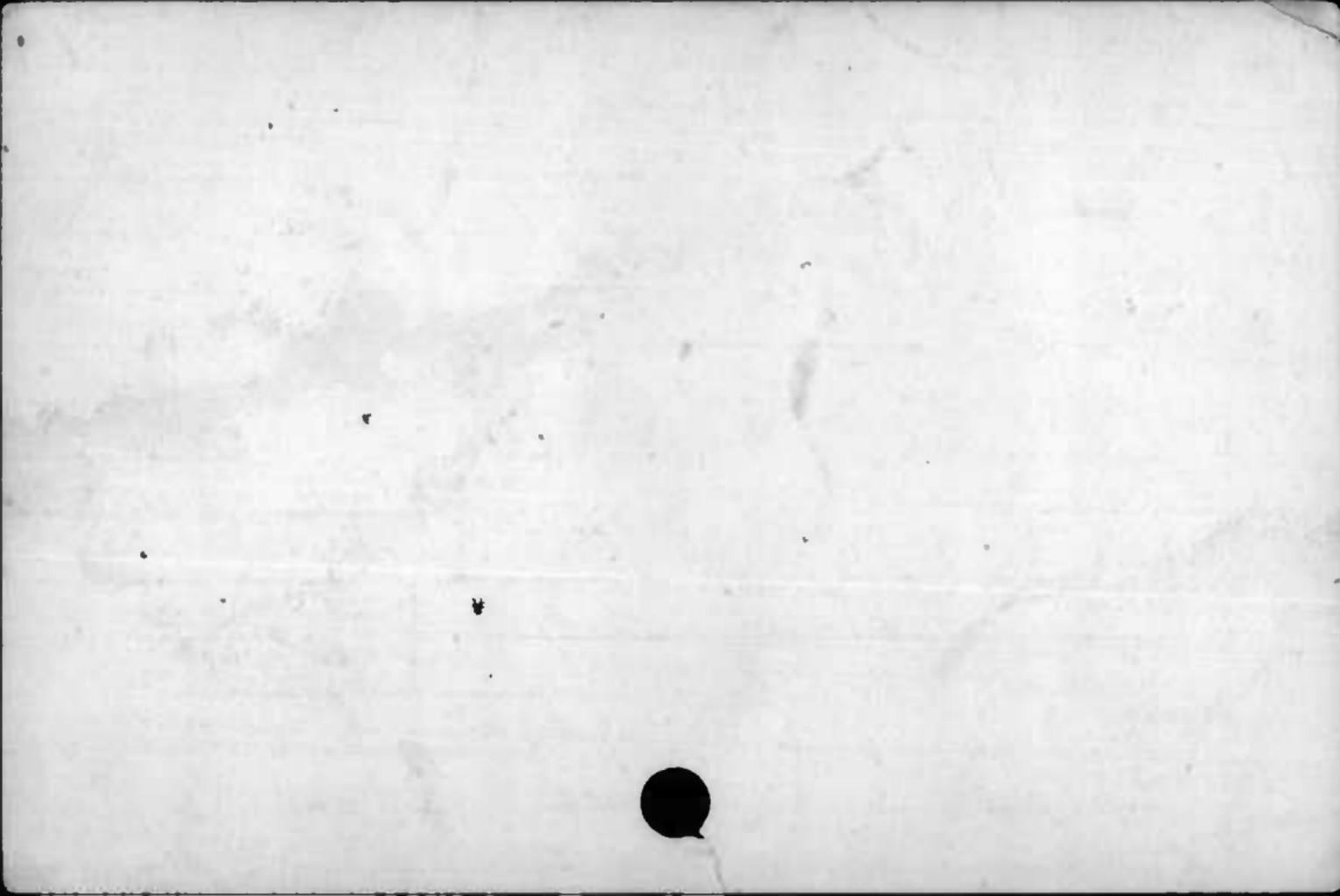
yes

Signature of  
Physician

Address

Class 1 Hospital  
Princess Anne

Accident or Suicide?



Name  
in  
Full

Hester Bouyer

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

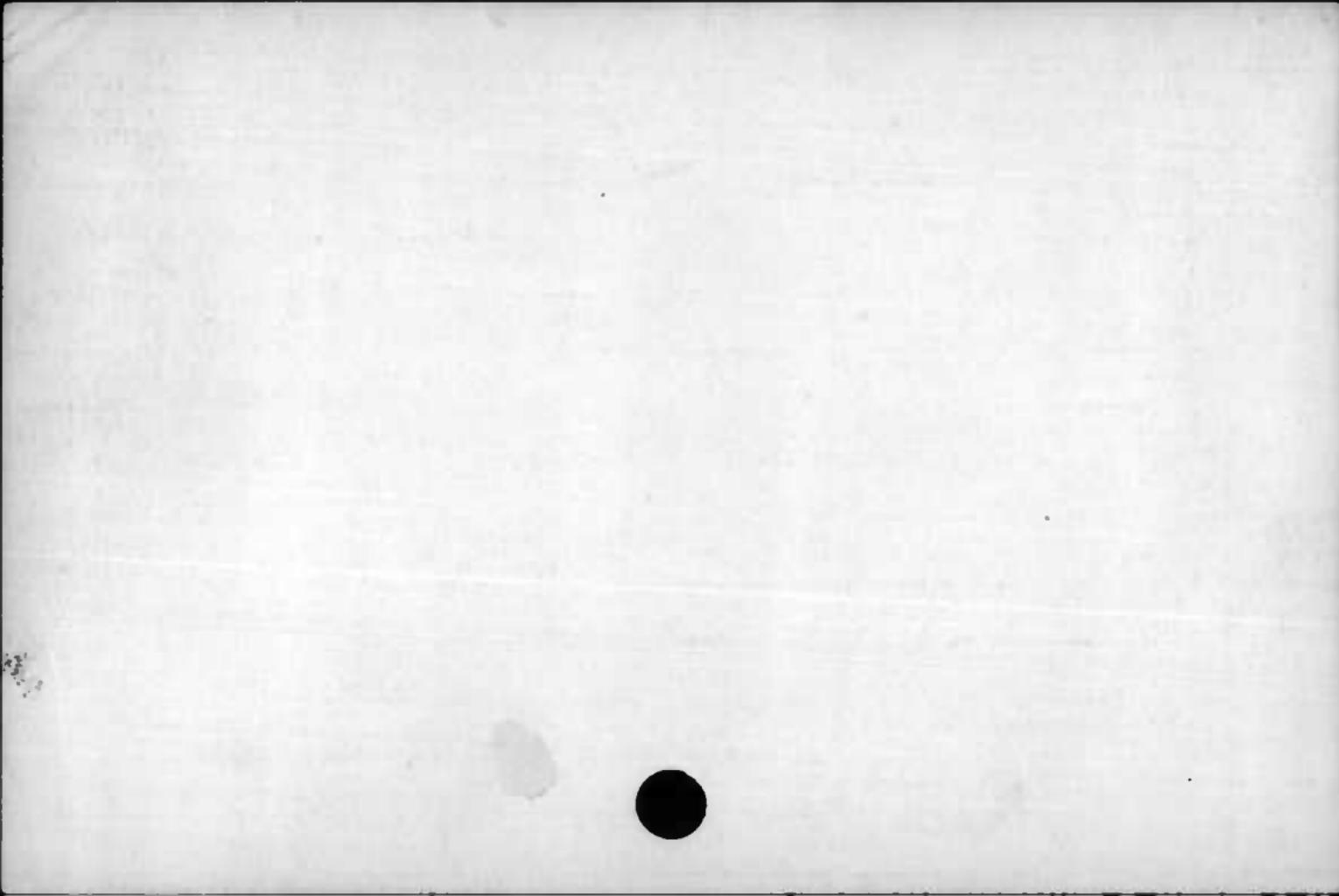
Died at <u>Shelton</u>		Town		County <u>Somerset</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>3</u>	Age <u>60</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Somerset Co.</u>			
Occupation <u>House Work</u>	Where Residing if not at place of death						
Married, Sing. or Widowed	Name of Wife or Husband <u>Sittleton Bouyer</u>						
Father's Name <u>Mary Hayward</u>				Father's Birthplace <u>Somerset Co</u>			
Mother's Maiden Name <u>Dont Know</u>				Mother's Birthplace <u>Dont Know</u>			
Name of person giving Information <u>Sit Bouyer</u>				How related deceased	<u>Son</u>		

27

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>dont know</u>
Immediate <u>General Expansion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. J.P.B. Ally</u>
	Address <u>Marion Maryland</u>
Accident or Suicide?	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H.

Died at <u>Rhodes Point</u> Tox				<u>Bradshaw</u> County <u>Somerset</u>				CERTIFICATE OF DEATH		
Date of death	1908	Month Feb	Day 27	Age	Years	Months	Days	MARYLAND 27		
Sex	Male	Color or Race	White	Birth-place	<u>Rhodes Point</u>					
Occupation	Where Residing if not at place of death									
Married, Single or Widowed	Name of Wife or Husband									
Father's Name	<u>Willie T Bradshaw</u>				Father's Birthplace	<u>Smith's Island</u>				
Mother's Maiden Name	<u>Eva Evans</u>				Mother's Birthplace	<u>Smith's Island</u>				
Name of person giving information	<u>Eva Bradshaw</u>				How related to deceased	mother				
CAUSES OF DEATH										
Primary	<u>Broncho pneumonia</u>				How long	<u>92</u>				
Immediate					How long	<u>one week</u>				

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P.H. Gaves,  
Cavell,  
Md.

Accident or Suicide?



Name  
in  
Full

Roger S. Dennis.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <u>Mar Marion</u>	Town	County	MARYLAND
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>18</u>	Years <u>5 yrs</u>
Sex <u>Boy</u>	Color or Race <u>Black</u>	Birth-place <u>Somerset Co</u>	Months
Occupation <u>Child</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Child</u>	Name of Wife or Husband <u>Child</u>	Father's Birthplace <u>Somerset Co</u>	
Father's Name <u>George Dennis</u>	Mother's Maiden Name <u>Sallie Downings</u>	Mother's Birthplace <u>Accomac Co Va</u>	
Name of person giving Information <u>Sonie Taylor</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia

93

Hour long

700-8 days

Immediate General Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

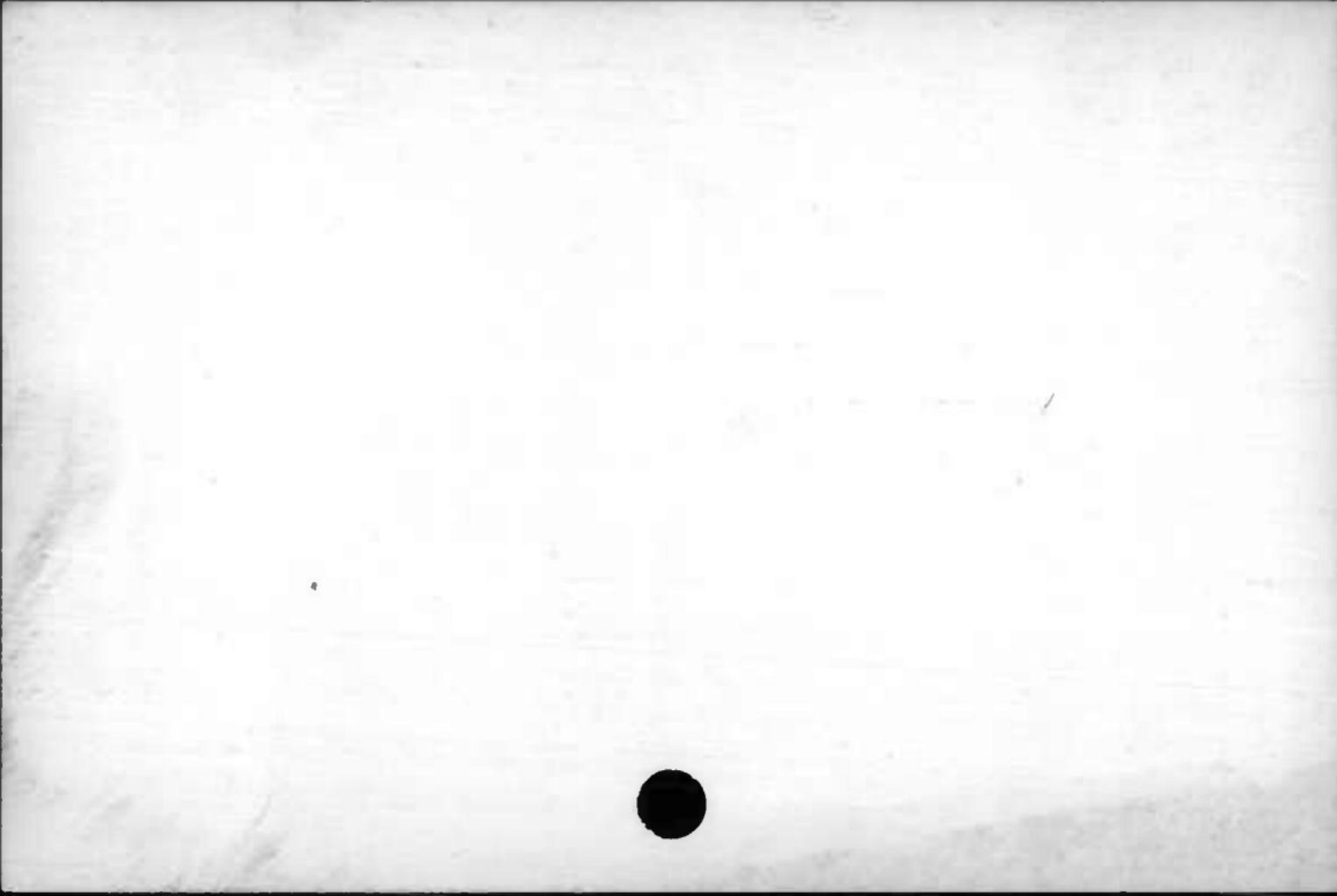
yes

Signature of Physician

Dr. L. A. Allen,  
Marion,  
Md.

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Wat named Hyden  
Died at Cokesbury

Town Hyden

County Somerset

CERTIFICATE OF DEATH

MARYLAND

Date of death 1908 Month July Day 9 Age Years Months Days 16

Sex Female Color or Race White Birth-place Cokesbury

Occupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wood F Hyden

Father's Birthplace

Somerset Co

Mother's Maiden Name

Bettie William Indy

Mother's Birthplace

Penns Co

Name of person giving information

Beth T. Indy

How related to deceased

Mother

CAUSES OF DEATH

147

Primary

Pyogenic infection

How long

Two days

Immediate

Joint suppuration

How long

Two days

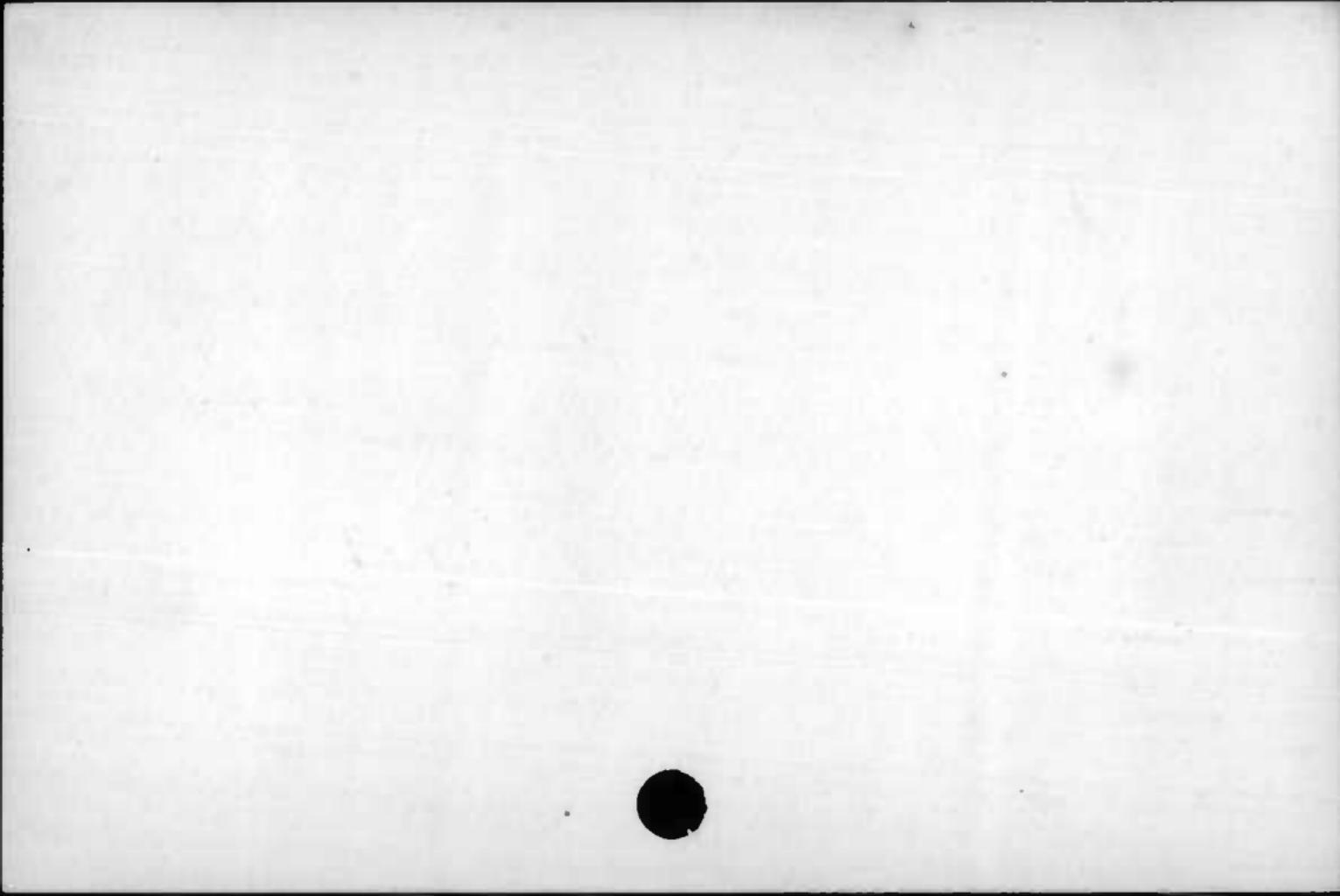
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R Leetland  
Penske City, Tenn

Accident or Suicide?



Name  
in  
Full

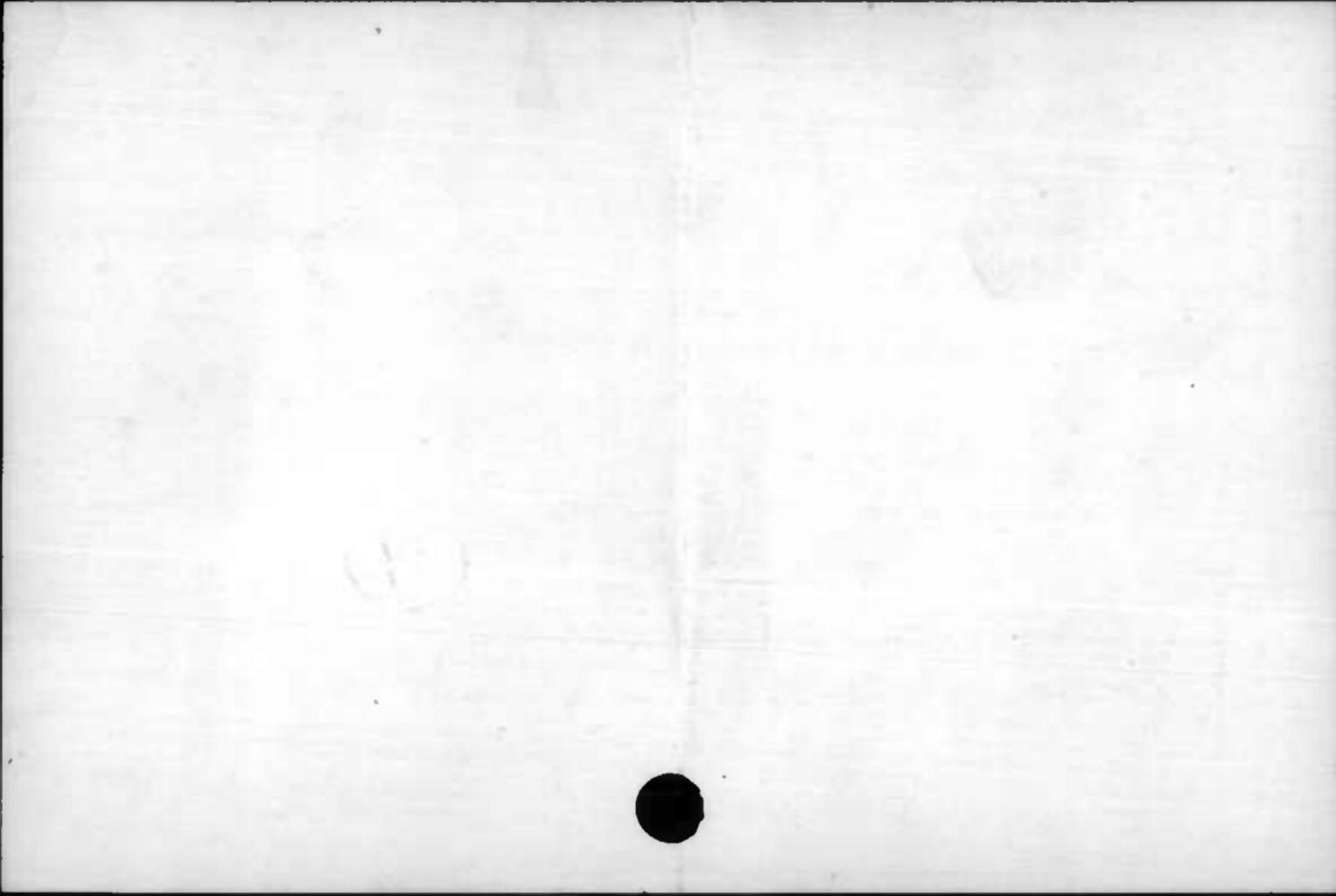
TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	Princes Ann Dist.	County	Ellis	MARYLAND
Date of death	Month	1908 2	Day	19	Years _____ Age _____ Months _____ Days 31
Sex	Color or Race	Male	white	Birth-place	P. Ann
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Singl	None	Father's Birthplace	Worcester Co.
Father's Name	Charles Ellis				
Mother's Maiden Name	Maud Roberts				
Name of person giving Information	Geo. T. Pape				
CAUSES OF DEATH					
Primary	Croup				
Immediate	9 hours				
Are the name, age, sex, color, date and place correctly given above?	Yes				
Signature of Physician	Geo. R. Marshall Sub Reg.				
Address	Princes Ann Md.				
Accident or Suicide?	RFD #2				

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mr H. Ford Somerset

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	own town		County	MARYLAND	
Date of death	Month	Day	Age	Years "	Months Days
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, wife or widowed	Name of Wife or Husband		Mary Ford		
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

12 mos

Immediate

In Grippe

How long

J. F. Powers  
Orisfield  
Md.

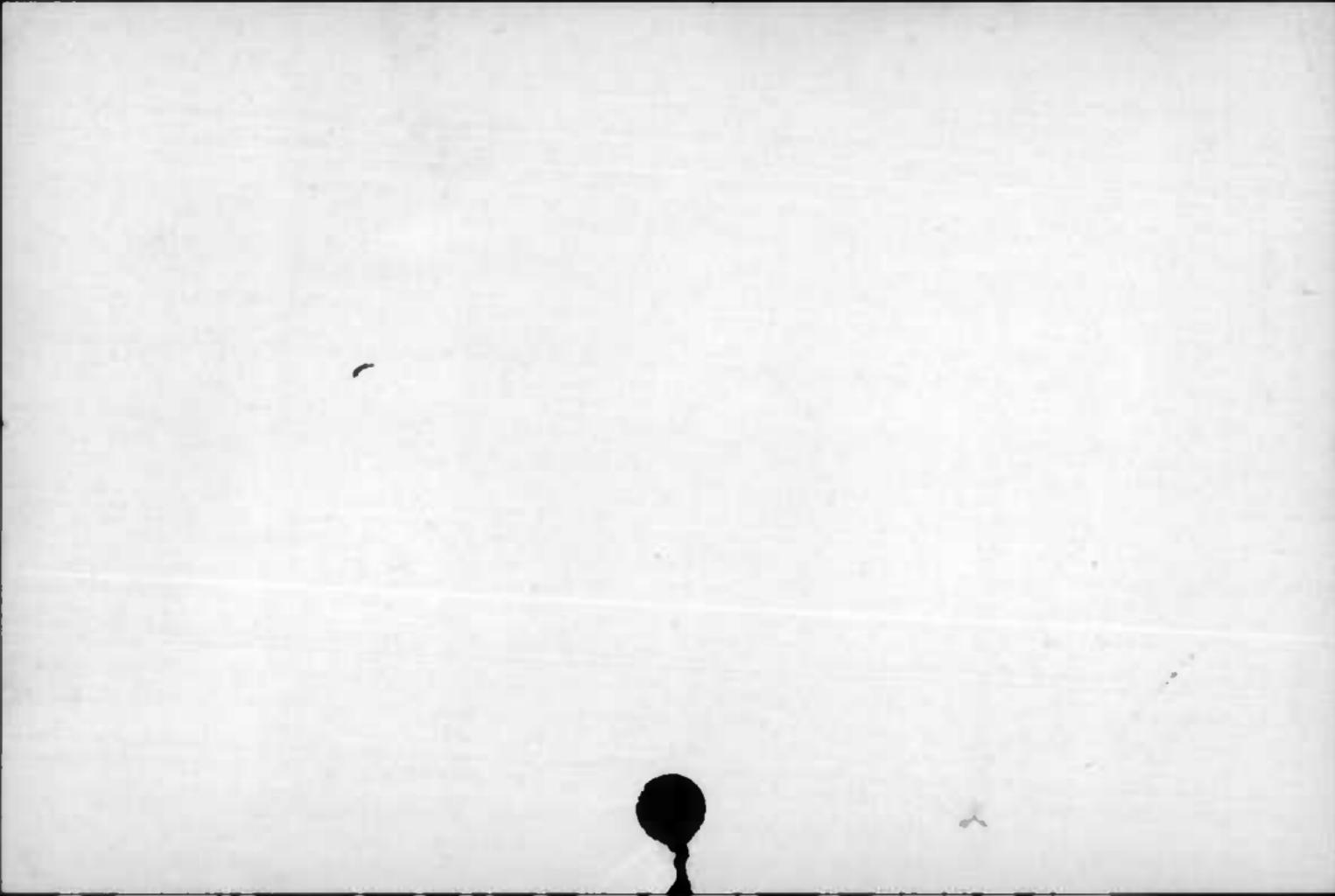
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?





Name  
in  
Full

Christopher Gale

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

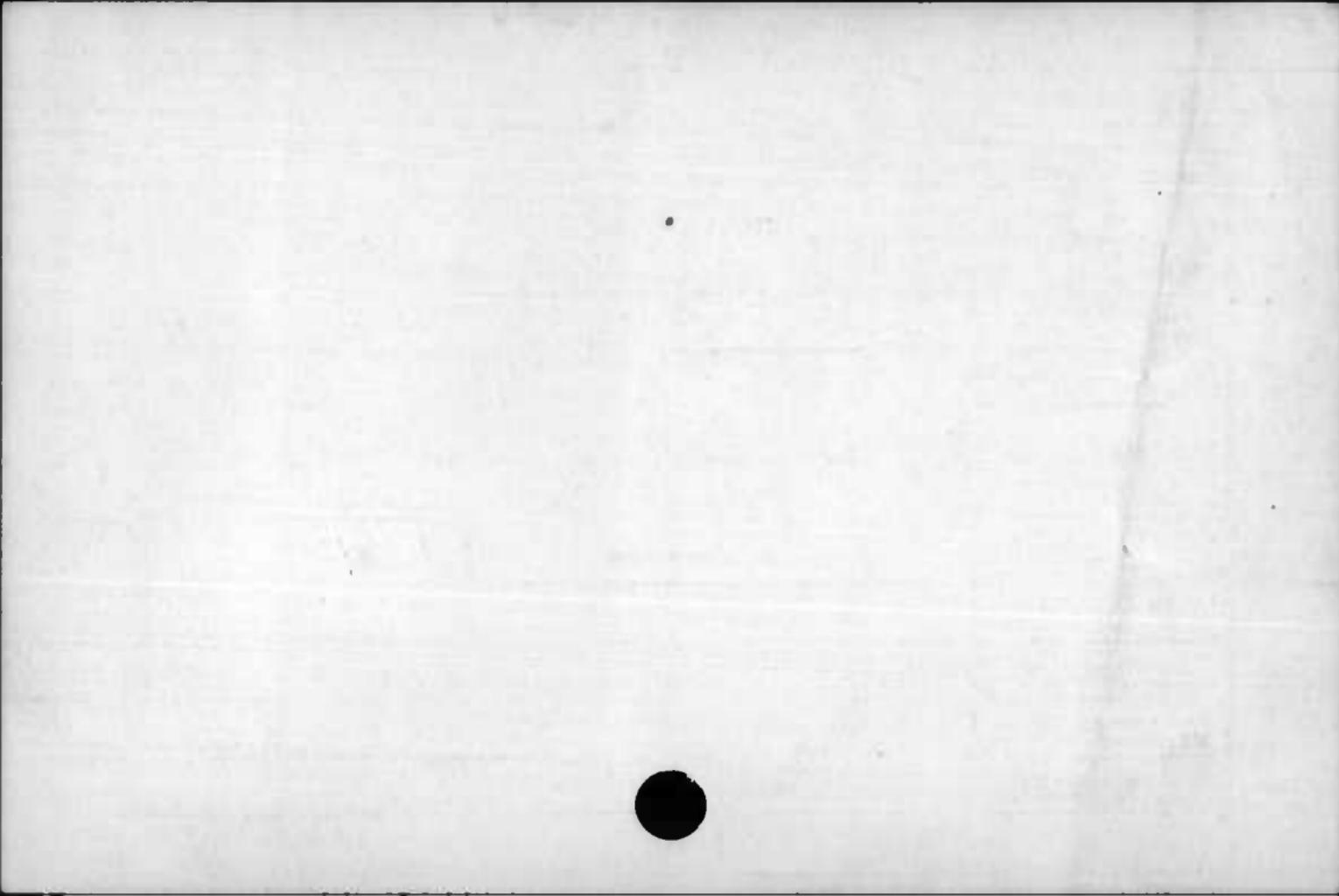
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Jno Gale			Father's Birthplace	Somerset
Mother's Maiden Name	Sarah Bouyer			Mother's Birthplace	" "
Name of person giving information	Sgt Bouyer			How related to deceased	uncle

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	6 mo
Immediate	General Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr J. G. B. Allen	
		Address	Montgomery Md.	
Accident or Suicide?				



Name  
in  
Full

Sarah Q. Gillis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Somerset		County	Maryland	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Blaest	Birth-place	Somerset County	
Occupation	Housewife		Where Residing if not at place of death	at her home		
Married, Single or Widowed	Married	Name of Wife of Husband	J. F. Gillis	Father's Birthplace	not known	
Father's Name	Dora L. Brown			Mother's Birthplace	not known	
Mother's Maiden Name	Dora L. Brown			How related to deceased	Husband	
Name of person giving information	J. F. Gillis					

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Heart Trouble

Immediate Heart Trouble

Are the name, age, sex, color, date and place correctly given above?

as far as I can find out

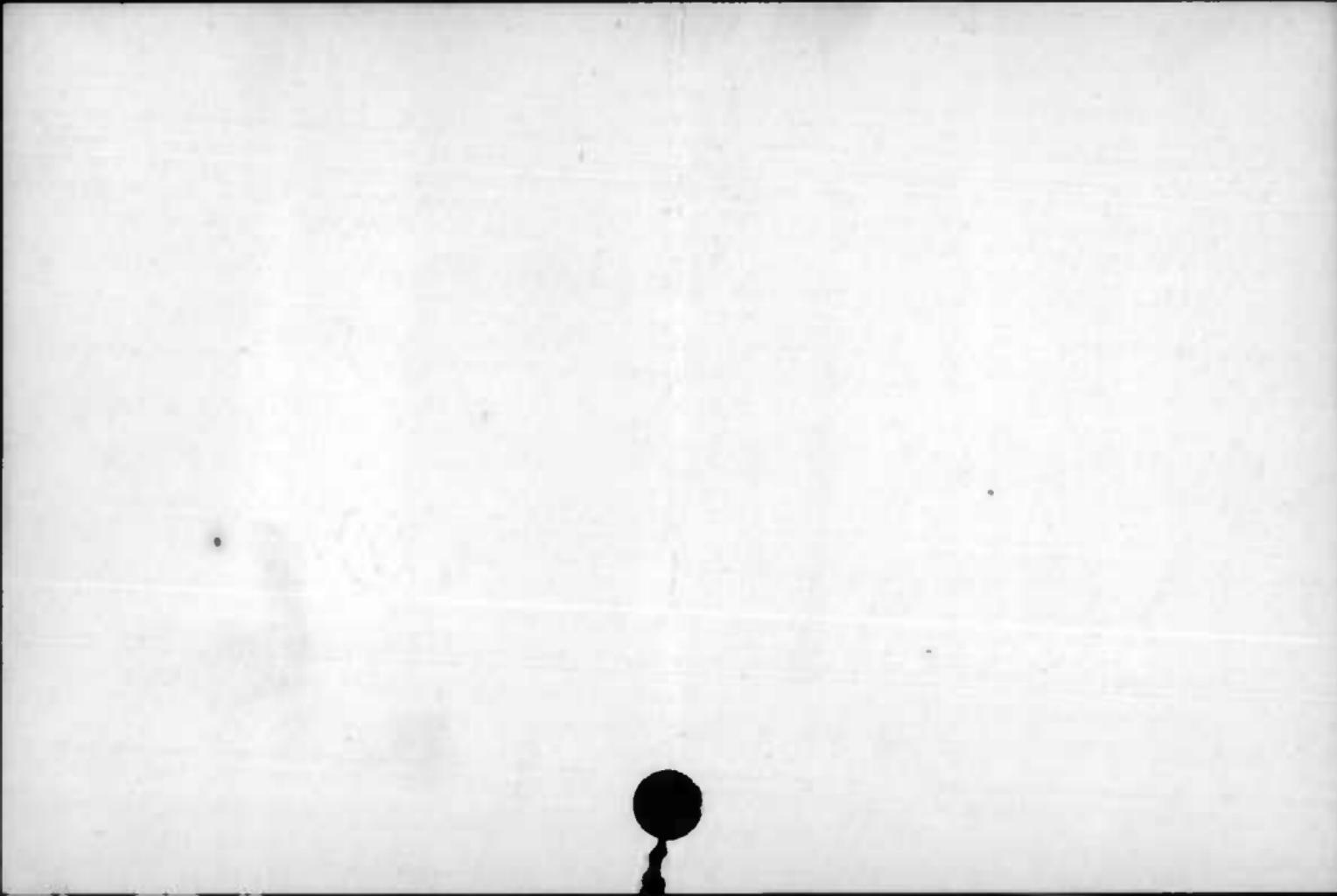
Signature of Physician

Dr. W. Landau

Address Landowville, Md

Sub. Reg.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

George F. Hussey.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Rose Hussey	
Father's Name	Samuel F. Hussey		
Mother's Maiden Name	Harriet Bostone		
Name of person giving information	John J. Hussey		
CAUSES OF DEATH			
Primary	Pulmonary Tuberculosis		
Immediate	Coughing		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	27
		Address	How long
Accident or Suicide?	✓	J. M. Wilson Granville City	

How long

15 m

How long

3 m



Name  
in  
Full

Selby Horsley

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

1908

Month

Feb

Day

22

Years

69

Months

9

Days

21

Sex

Male

Color or  
Race

Black

Birth-  
place

Somerset

Occupation

Farm

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Suzie Horsley

Father's  
Name

Jacob Horsley

Father's  
Birthplace

MD

Mother's  
Maiden Name

Lusie Horsley

Mother's  
Birthplace

MD

Name of person giving  
Information

Aron Whiting

How related  
to deceased

no relation

CAUSES OF DEATH

66

How long

3 day

Primary

Paralysis

How long

6 hr

Immediate

Paralysis respiratory

Signature of  
Physician

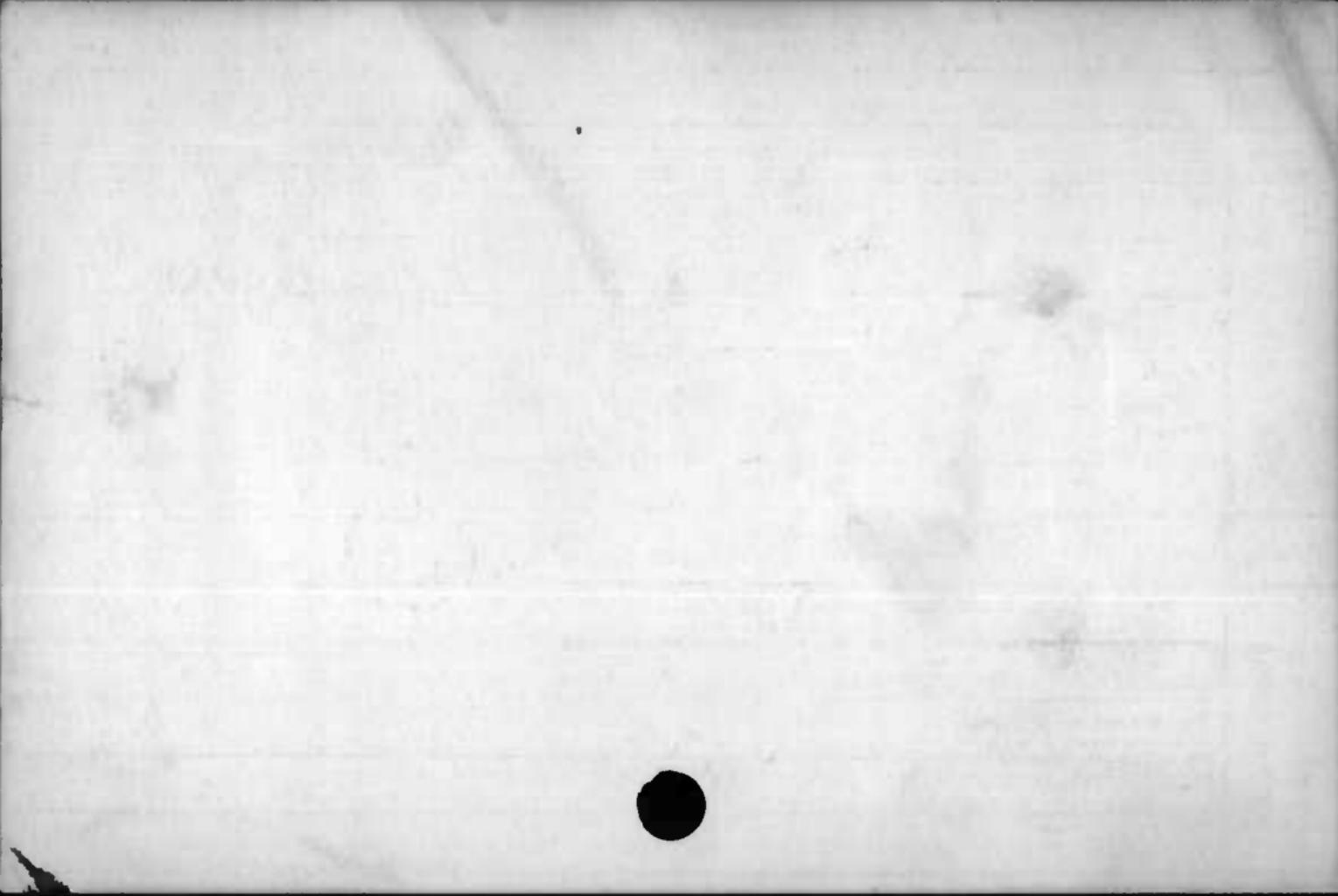
Dr. A. B. Allen

Address

Orion  
MD

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Charles Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	2	29	14	—	—
Sex	Male	Color or Race	Black	Birth-place	Wrenon
Occupation	Wour	Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Wrenon
Father's Name	Lewis Jones	Mother's Maiden Name	Fair Hughes	Mother's Birthplace	Oral Island
Name of person giving information	Lewis Jones	How related to deceased	27	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

2 yrs

Immediate

Convulsions

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. S. Delvath  
Kings Silvers

Accident or Suicide?



Name  
in  
Full

B. Faust Paesford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	2	24	50	2	1	
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Former						
Married, Single or Widowed	Married	Name of Wife or Husband	Malvina Fudler			
Father's Name	Brugman F. Paesford					
Mother's Maiden Name	Sister Yoder					
Name of person giving information	John F. Paesford					

CAUSES OF DEATH

79

How long

One fm hours

How long

PHYSICIAN  
OR CORONER

Primary

Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

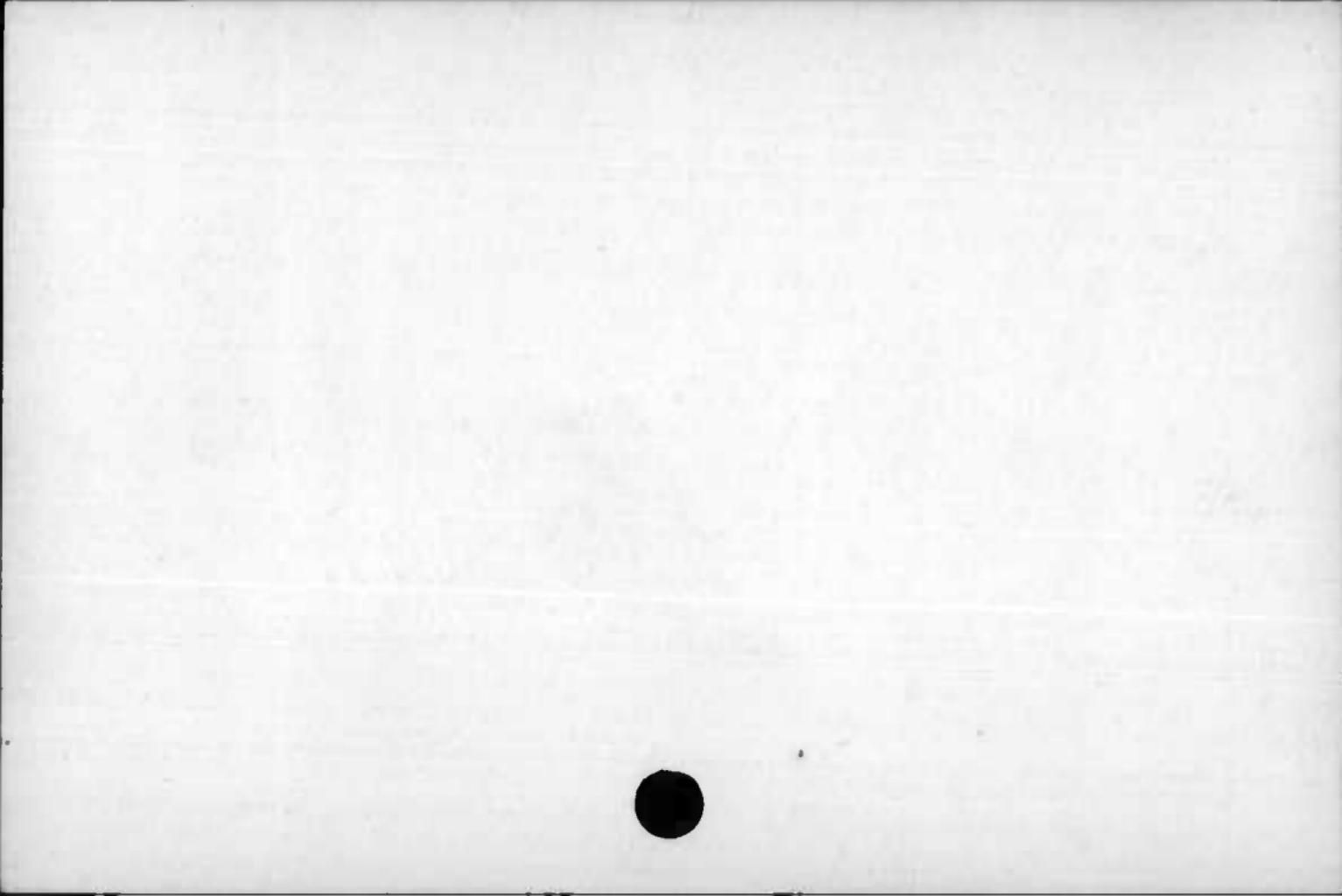
D.

D. J. Smith (not in attendance)

Address

Princess Anne Md.

Accident or Suicide?



Name  
in  
Full

Child, not named. Mc Daniel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	2	8	Age -
Sex	Color or Race	Birth-place	Days
Male	white	Md.	-
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace
Father's Name	H. S. Mc Daniel	Md.	Md.
Mother's Maiden Name	Ida M. Bailey		
Name of person giving information	H. S. Mc Daniel	How related to deceased	Father

CAUSES OF DEATH

176

How long

How long

PHYSICIAN  
OR CORONER

Primary

Suffocated in bed.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Franklin  
Somerset City

Accident or Suicide?



Name  
in  
Full

Agnes Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, <u>S</u> or <u>W</u> <u>W</u>	Name of Wife or Husband	John Morris	
Father's Name	Unknown		
Mother's Maiden Name	Bridget Johnson		
Name of person giving Information	Tigil Taylor		

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

old age

How long

Immediate

How long

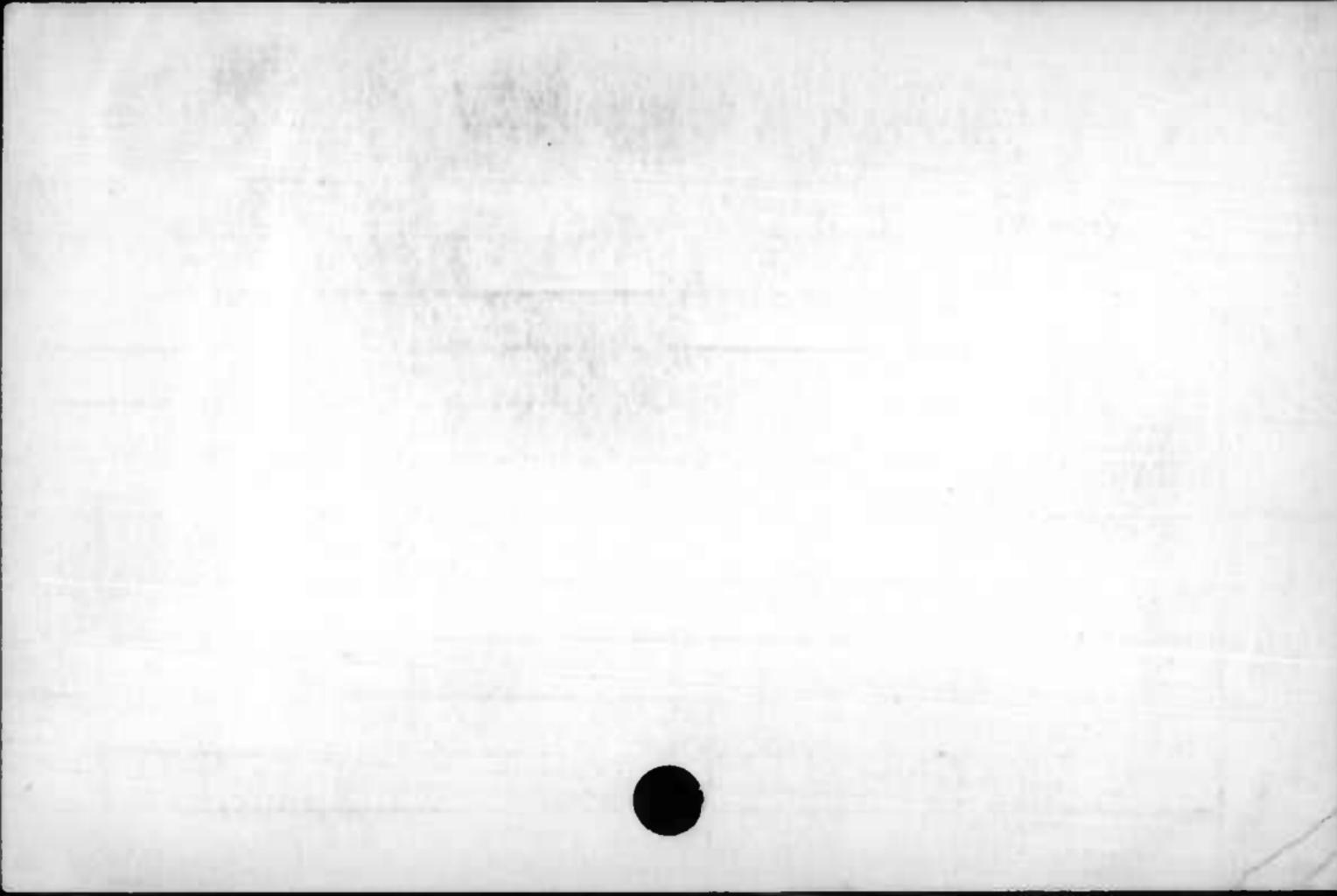
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. Smith M.D.  
(Not in attendance)  
Princess Anne Md.

Accident or Suicide?



Name  
in  
Full

Lucy Nutters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at	Bridges Avenue	Somerset		
Date of death	Month	Day	Years	Months
1908	Feb	15	18	-
Age				Days
Sex	Female	Color or Race	Colored	Birth-place
Occupation	Housework			Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband	✓	
Father's Name	Samuel Nutters			Father's Birthplace
Mother's Maiden Name	Jala Tilghman			Mother's Birthplace
Name of person giving Information	George Tilghman			How related to deceased

CAUSES OF DEATH

27

Primary

Acute miliary tuberculosis

6 weeks

Immediate

Asthma

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Henry M. Lealford M.D.

Address

Bridges Avenue

H

Accident or Suicide?

No

✓ D.M.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at <u>Leipsfield</u>		County <u>Somerset</u>			
Date of death	Month <u>1908</u>	Day <u>29</u>	Age <u>30</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Scotland</u>			
Occupation <u>Crabber &amp; Oysterman</u>	Where Residing if not place of death <u>On his boat</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>No wife</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>G. T. Simonsen</u>	How related to deceased <u>None</u>				

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary

Shankhoed

How long

2 Weeks

Immediate

Pentoritis

How long

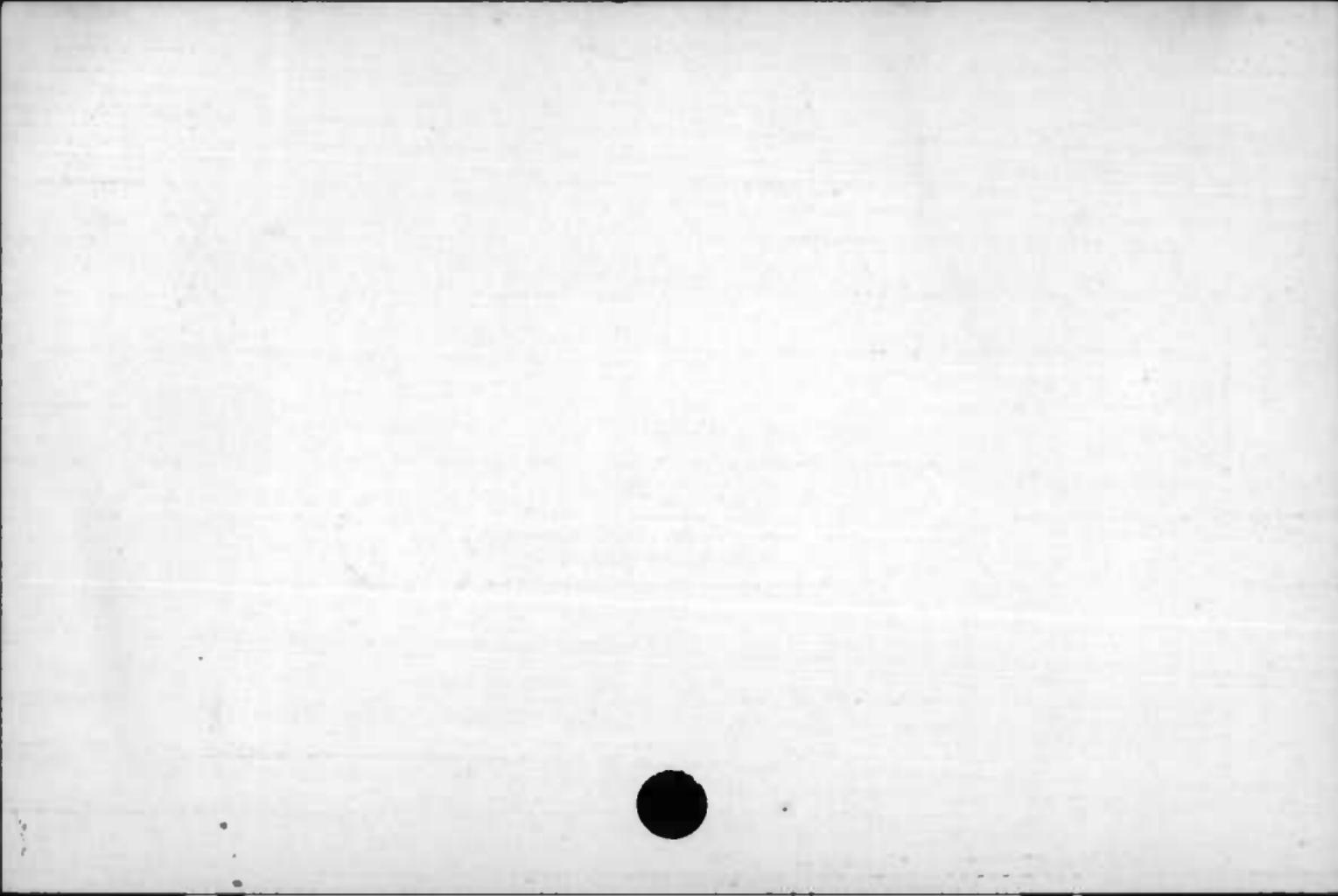
6 to 8 daysAre the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician  
J.C.

Address

G. T. Simonsen  
Leipsfield  
Maryland

II

Accident or Suicide?



Name  
in  
Full

Mary R. Parsons.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Princess Anne	County	MARYLAND		
Date of death	1908 Feb	Month Day	Years Age	Months	Days
Sex	Female	Color or Race	Black	Birth- place	Md.
Occupation	Housework		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	George Parsons		
Father's Name	Henry Brooks		Father's Birthplace	Md.	
Mother's Maiden Name	unknown		Mother's Birthplace	Md.	
Name of person giving Information	John Miles		How related to deceased	Son-in-law.	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

About 6 mos.

Immediate

Obstetrics

How long

Progressive

Are the name, age, sex, color, date  
and place correctly given above?

yes

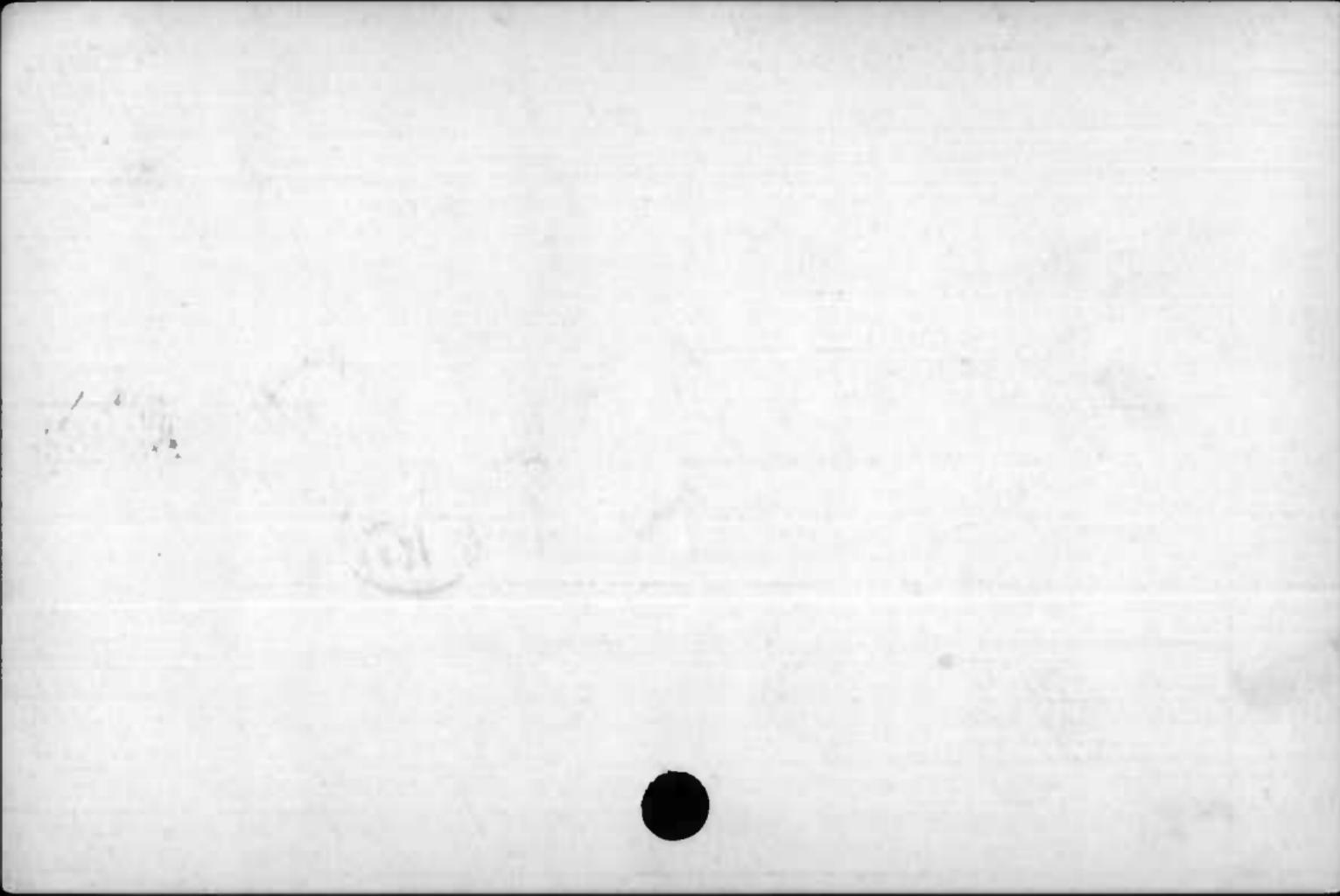
Signature of  
Physician

Address

Great Southern Md.

Princess Anne Md.

Accident or Suicide?



Name  
in  
Full

Rebecca Porter

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	80		
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Unknown		
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Fullerton
Name of person giving Information	Geo. T Ballard			How related to deceased	None.

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary

Pneumonia following La Syppe

How long

About 2 weeks

Immediate

Asthma

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Chas. G. Trotter, M.D.

Princess Anne, Md.

Accident or Suicide?



Name  
in  
Full

Levi Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County	
Died at <u>Woodlawn</u>	<u>Puress</u> Penn	<u>Sussex</u>	<u>Maryland</u>
Date of death <u>1908</u>	Month <u>Feb</u>	Day <u>26</u>	Years <u>49</u>
Age <u>49</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>	

Occupation Labourer Where Residing if not  
at place of death

Married, Single or Widowed Married Name of Wife or Husband Lebra Purnell

Father's Name George Purnell

Father's Birthplace Md.

Mother's Maiden Name Ashdown

Mother's Birthplace Ashdown

Name of person giving Information Clorine Doane

How related to deceased Nephew

CAUSES OF DEATH

79

Primary Probably Cardiac Disease How long Unknown

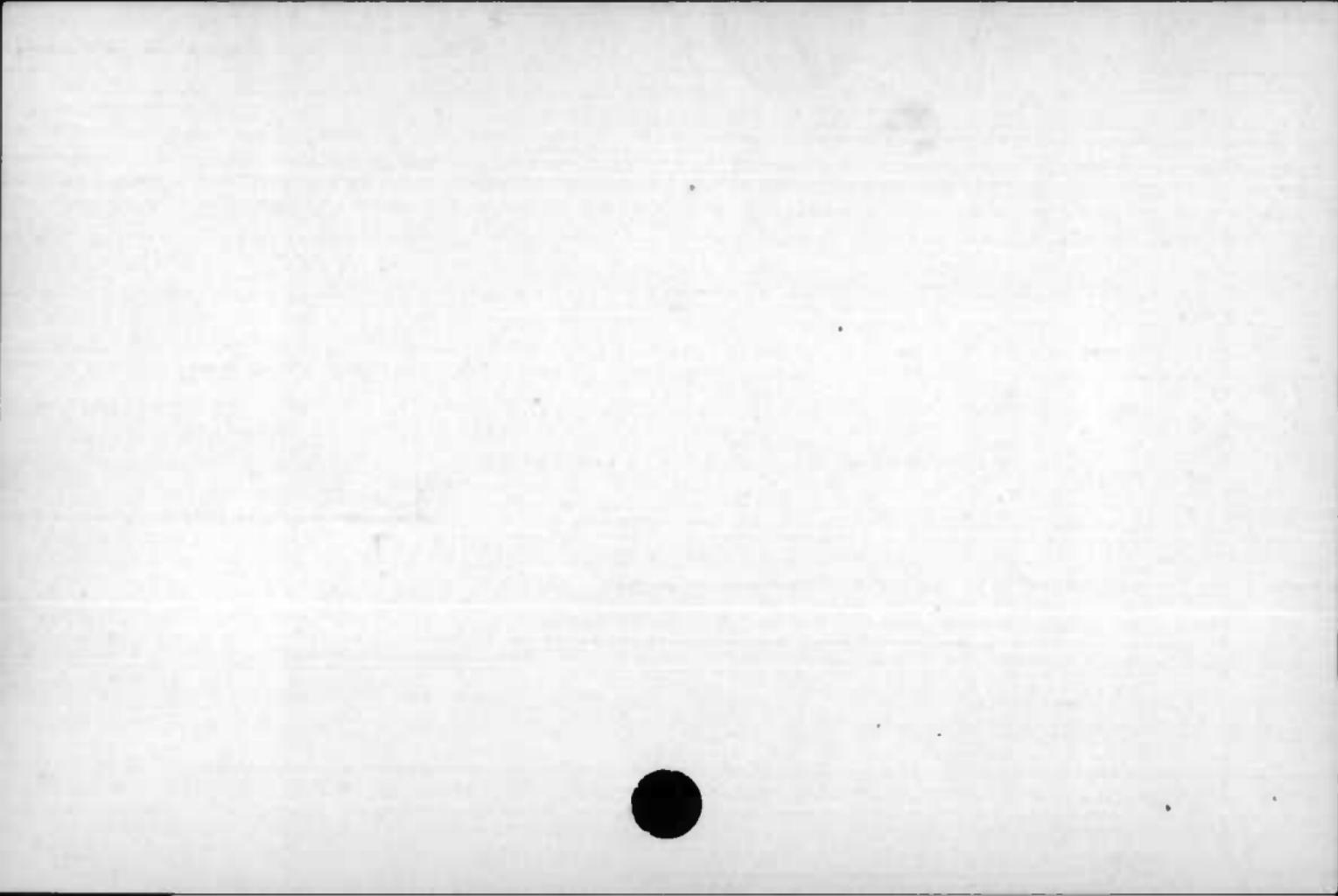
Immediate Sudden syncope About 10 minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

W Norman Reese  
Brisfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Died at Brisfield		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Brisfield Md	
Occupation	Clerk in P. O.	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	W. M. R. Reese			Father's Birthplace	Cambridge Md	
Mother's Maiden Name	Mary Elizabeth Livingston			Mother's Birthplace	Dorchester Co Md	
Name of person giving Information	Mr. Reely			How related to deceased	Mother	

## CAUSES OF DEATH

120

How long

about 8 years

How long

Primary

Chronic Nephritis  
Exhalation

Immediate

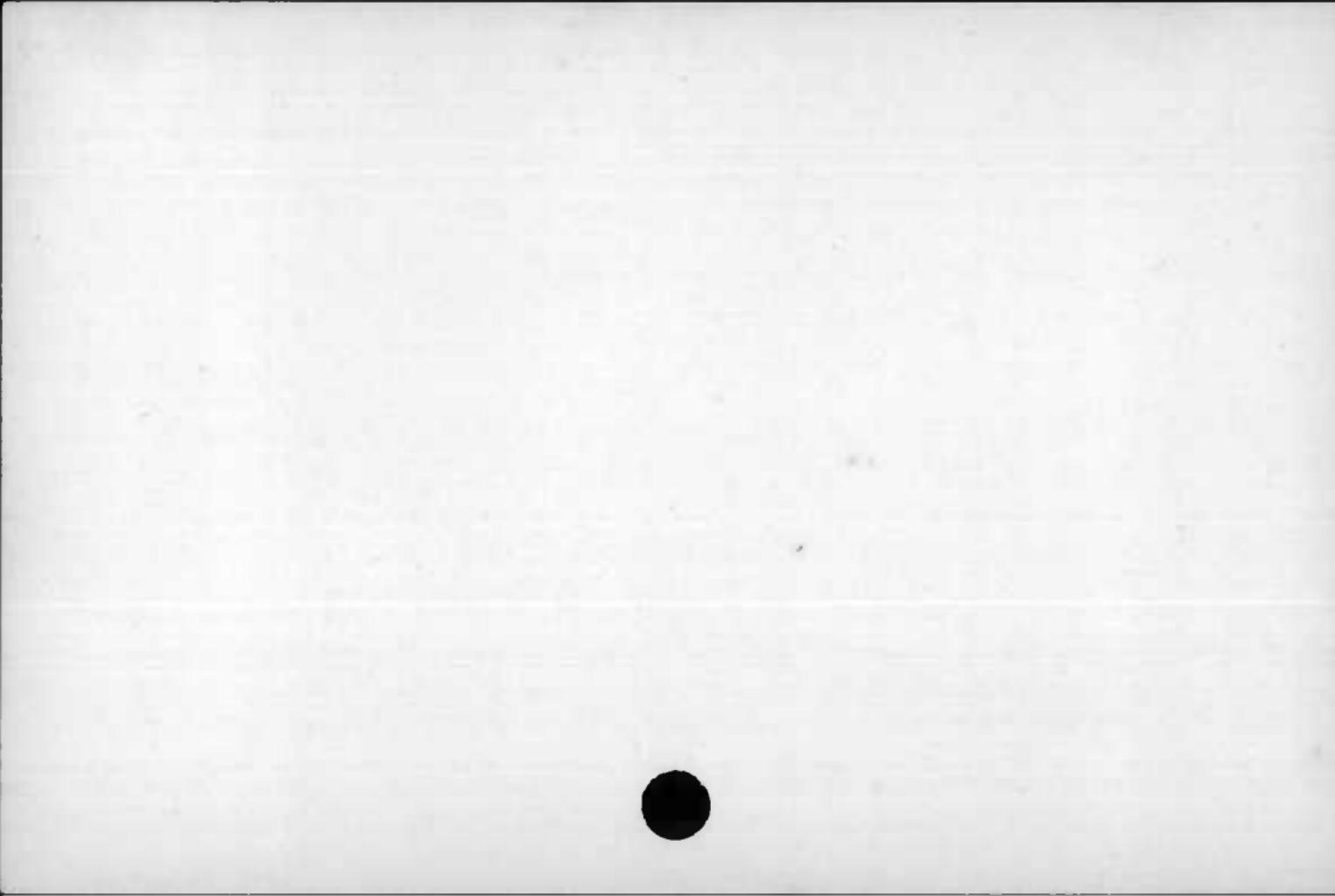
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. F. Hale  
Brisfield MdPHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Arnold James Sterling

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Lawsonia		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Bleach	Birth-place	Lawsonia Md	
Occupation	Truck Farmer		Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Sterling			
Father's Name	Jacob Sterling		Father's Birthplace	Lawsonia Md		
Mother's Maiden Name	Willie Sterling		Mother's Birthplace	Md		
Name of person giving information	Jacob Sterling		How related to deceased	Brother		

CAUSES OF DEATH

10

How long

10 days

How long

Primary

Laryngeal

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. F. Stael  
Dorfield Md

(1)

Accident or Suicide?

p

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edwina Sterley				
Mother's Maiden Name	Rebecca Sterley				
Name of person giving information	Rebecca Sterley				
CAUSES OF DEATH					
Primary	Bronchitis				
Immediate	Pneumonia				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Address	
Accident or Suicide?					

93

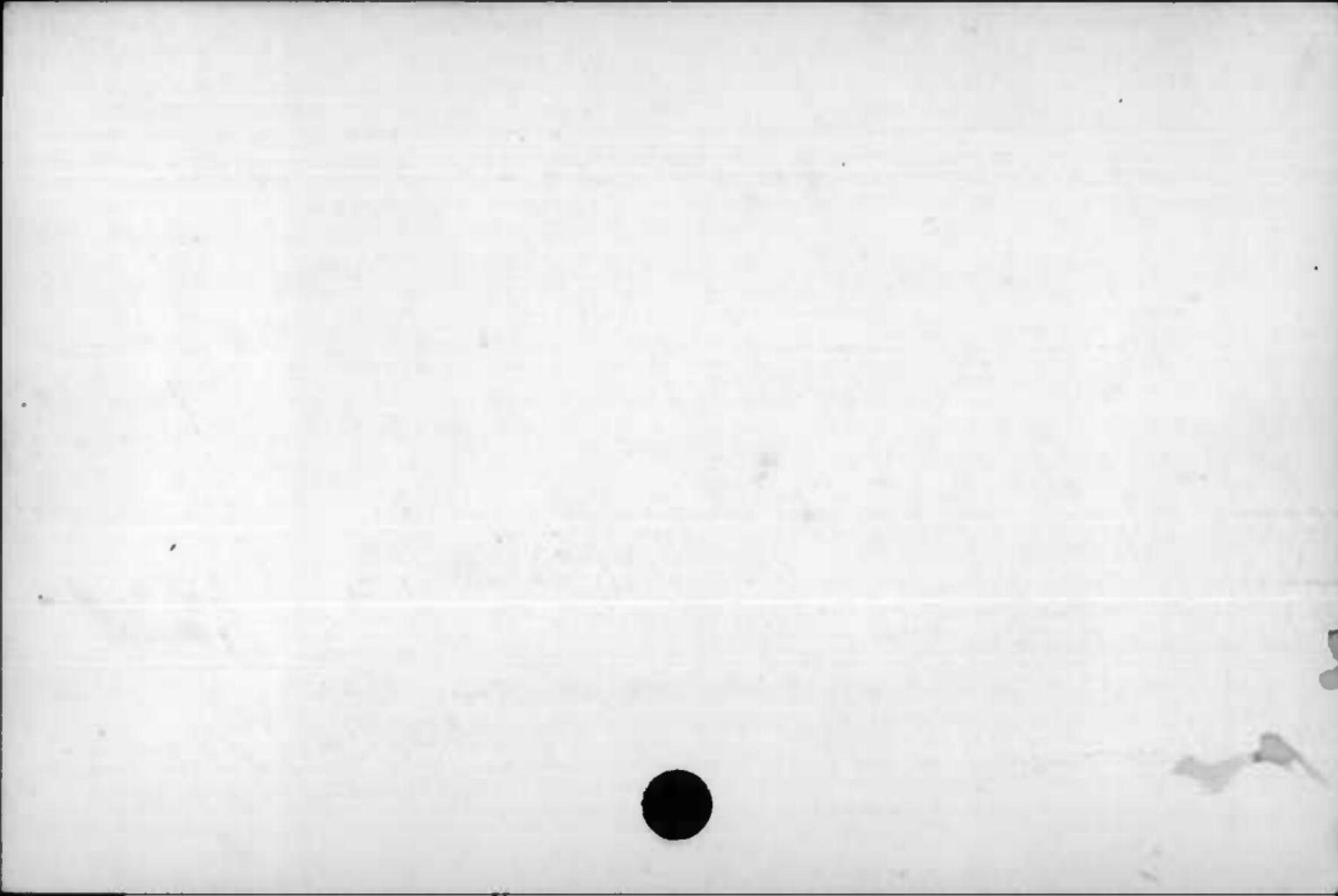
How long

How long

3 days

3 days

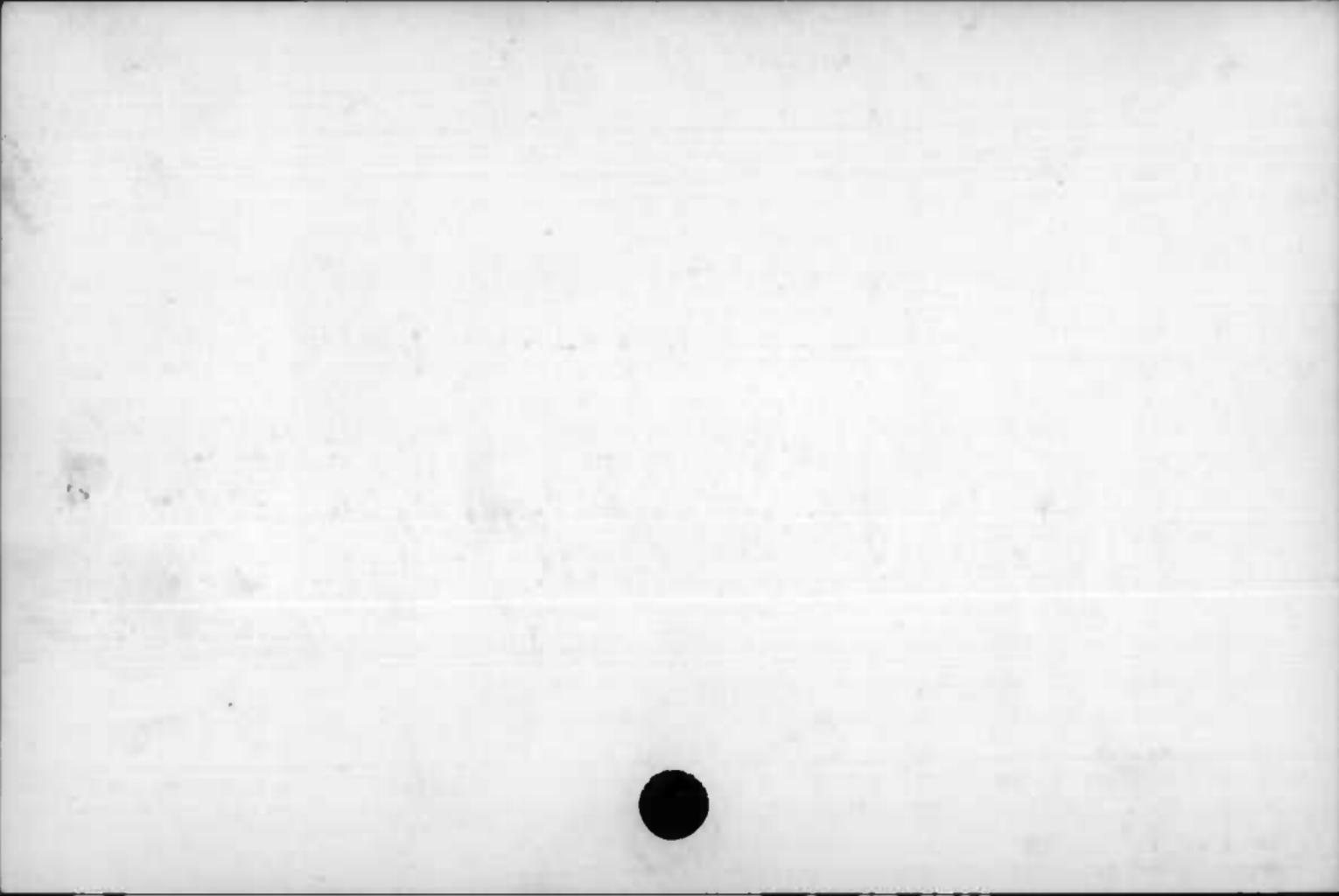
163 Collins  
Cresfield



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Charlotte Taylor				CERTIFICATE OF DEATH			
Died at Dublin		Town		County		MARYLAND	
Date of death	1908	Month	Feb	Day	2	Years	75
Age	75	Months		Days			
Sex	Female	Color or Race	Yellow	Birth-place	Somerset		
Occupation	Womster	Where Residing if not at place of death			Dublin		
Married, Single or Widowed	Widow	Name of Wife or Husband	George Taylor				
Father's Name	John Brookings Ward	Father's Birthplace	Somerset				
Mother's Maiden Name	Charity Ward	Mother's Birthplace	or				
Name of person giving Information	Cora Cottman	How related to deceased	Daughter				
CAUSES OF DEATH							
Primary	Valvular heart	How long	Several years				
Immediate	Asthma & exhaustion	How long	a month				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Samuel J. Quinn			
			Address	Providence City, Md.			
H							
Accident or Suicide?							



Name  
in  
Full

Esther Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <sup>Town</sup> Upper Fairmount Somersel-

Date of death 1908 Month Feb Day 2<sup>nd</sup> Years 76 Months — Days —

Sex Female

Color or Race White

Birth-place Somersel-Bo

Occupation Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or Husband

Henry Thomas

Father's Name

Wm Holland

Father's Birthplace

Somersel

Mother's Maiden Name

Nellie Holland

Mother's Birthplace

Somersel

Name of person giving information

Robert Thomas

How related to deceased

Son

CAUSES OF DEATH

Primary

Chronic Bronchitis

91

How long 3 or 4 years

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

G. E. Dickinson

Address

Upper Fairmount Md

Accident or Suicide?



Z. W. Landor

Landorville

Md

Name  
in  
Full

Joseph H. Warwick

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Som. Co.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	William Warwick			Father's Birthplace	do not know	
Mother's Maiden Name	Mary Warwick			Mother's Birthplace	do not know	
Name of person giving information	Mrs. Warwick			How related to deceased	Brother	

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary

Asthma

How long

30 yrs

Immediate

Diarrhea

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. W. Bill

Address

Maranakin

Mod.

H

Accident or Suicide?



Mr. Thos. Wesley London

Bandwirre

Md.

Name  
in  
Full

Mary E Webster

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Deal Island	County	MARYLAND
Date of death	1908 Feb 2	Age	3 Months
Sex	Female	Color or Race	White Days
Occupation	-	Where Residing if not at place of death	Deal Island
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Samuel S. Webster		
Mother's Maiden Name	Virdie Towns		
Name of person giving information	Samuel S. Webster		

92

Hour long

How long

3 days

1 day

PHYSICIAN  
OR CORONER

Primary

Broncho-Pneumonia (Tuberculosis)

Immediate

Dyspnoea

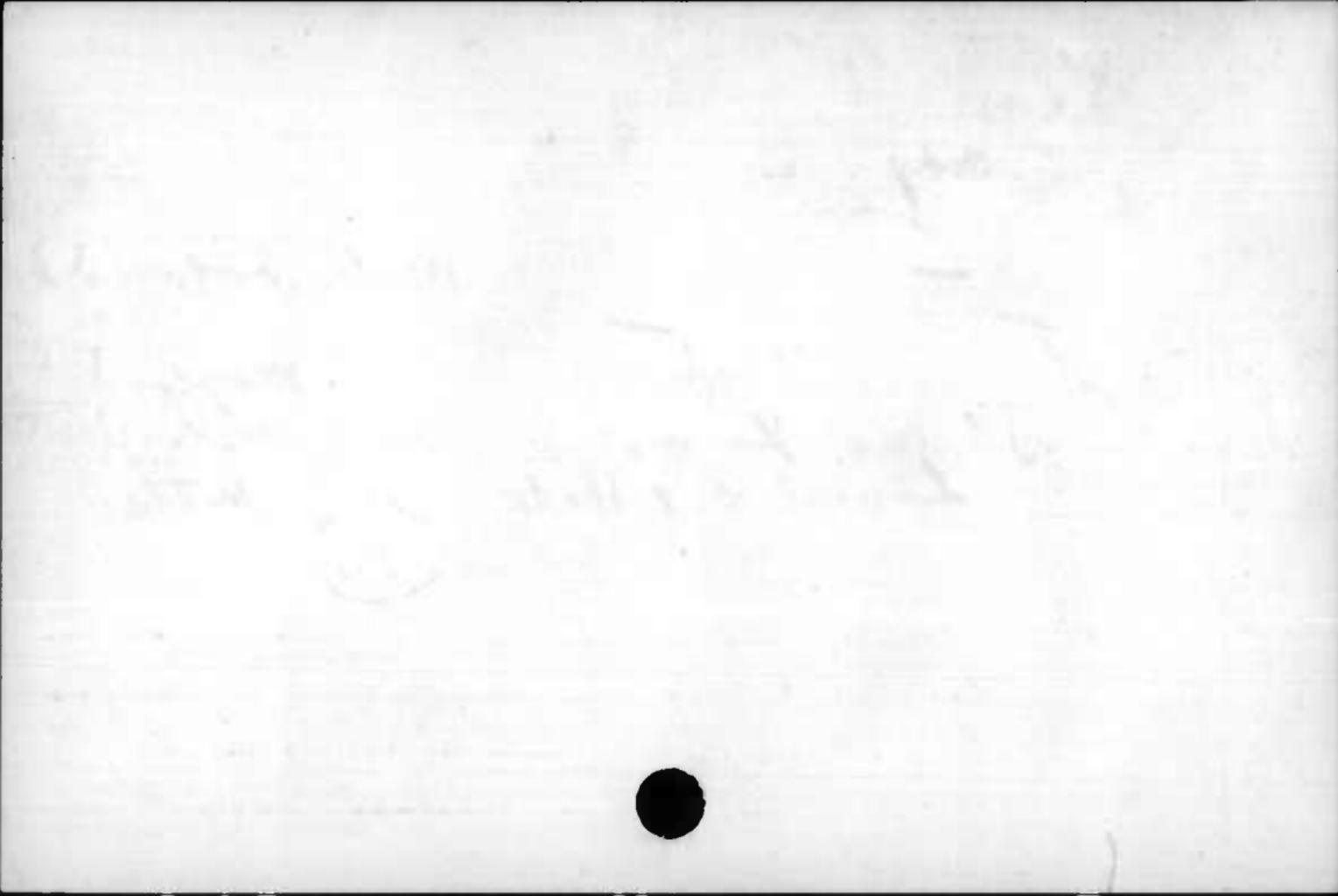
Signature of Physician

Address

H. G. Alexander  
Somerset Co.



Accident or Suicide?



Name  
in  
Full

Roger Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Died at	Princess Anne	County	Somerset	Months	Days
Date of death	1908 Feb	Month	24	Year	56
Age	56	Color or Race	White	Birthplace	Somerset County
Sex	Male	Occupation	Farmer	Where Residing if not at place of death	Princess Anne
Married, Single or Widowed	Married	Name of Wife or Husband	Elana L. Woolford	Father's Birthplace	Somerset County
Father's Name	Lewis Woolford	Mother's Maiden Name	Annie E Wallis	Mother's Birthplace	Somerset County
Name of person giving Information	Elana L. Woolford	How related to deceased	wife	How long	Unknown

CAUSES OF DEATH

120

How long

Primary

Aterio Sclerosis

Unknown

Immediate

Nephritis

3 years

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. W. Daenning  
Princess Anne  
(over) "nall

Accident or Suicide

This certificate was received from  
Dr. J. Jacob Smith, on Feb. 15, 1909. Dr.  
Smith stated in a letter that this cer-  
tificate had been held all this time by  
the undertaker, E. O. Watson, Princess Anne,  
Illegal interment.